

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							
				SERIAL NO. 091805934	FILING DATE		
				APPLICANT(S)			
CLAIMS							
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1		1		
2			1		1		
3			2		2		(1)
4			2		2		(1)
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TOTAL IND.	10	8	3	1	3	1	
TOTAL DEP.	5	5	5	3	5	3	
TOTAL	15	13	8	4	8	4	

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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3		(D)				
4		(D)				
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TOTAL IND.	2	1	1	1	1	1
TOTAL DEP.	2	1	1	1	1	1
TOTAL CLAIMS	4	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS